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CONFIRMATION NO. 8662

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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/452,585 03/06/2003  
 and claims benefit of 60/412,951 09/23/2002

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 10/27/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials _____	STATE OR COUNTRY NJ	SHEETS DRAWING 4	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 5
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ADDRESS  
 26079  
 BRISTOL-MYERS SQUIBB COMPANY  
 100 HEADQUARTERS PARK DRIVE  
 SKILLMAN , NJ  
 08558

TITLE  
 Pouch for medical use

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